

WEST VIRGINIA DEPARTMENT OF TRANSPORTATION  
ACKNOWLEDGEMENT OF AND AGREEMENT TO PROTECT  
CONFIDENTIAL INFORMATION

1. I understand that, as part of my job, I may have access to personally identifiable information (“PII”), protected health information (“PHI”), or otherwise confidential information that is protected by law, rule, regulation, and/or policy.
2. I understand that, to the extent I may have access to such information; I must abide by all applicable laws, rules, regulations, and policies.
3. I agree that I have taken training designed to inform me about the type of information that is considered to be PII and about what my duties and responsibilities are regarding the possession, use, and distribution of such information.
4. I understand that PII includes all information that identifies or can be used to identify, locate, contact, or impersonate a particular individual. Examples of PII include, but are not limited to, an individual’s first name or initial, current or former last name, address, home or personal cellular phone numbers, electronic address (including email), social security number, credit or debit card numbers, financial records including checking or savings account numbers and loan information, mother’s maiden name, driver’s license number, date of birth, biometric identifiers such as fingerprints, facial recognition or iris scans, photographs of the individual’s face, birth or death certificate numbers, and insurance, medical, disability, criminal, or employment records.
5. I understand that PII, PHI, and other confidential information may consist of information that is conveyed orally and that it may be found in either paper or electronic formats.
6. I agree only to access and/or release confidential information required to perform my employment duties in the furtherance of legitimate agency business. I agree that I will only share PII or other confidential information (1) in the context of a legitimate work situation and (2) with staff who are known by me to have proper authorization to have access to the information.
7. I understand that it is my responsibility to secure the confidential information to which I have access and to take reasonable steps to prevent its access by unauthorized individuals.

8. As part of my training on privacy and prior to signing this Agreement, I have been provided copies of the six (6) West Virginia Executive Branch Privacy Policies, namely, NOTICE, CONSENT, INDIVIDUAL RIGHTS, MINIMUM NECESSARY AND LIMITED USE, SECURITY SAFEGUARDS, AND ACCOUNTABILITY. I have also been provided with a copy of the following: (a) relevant provisions of the West Virginia Computer Crime and Abuse Act, specifically *W. Va. Code* §§ 61-3C-9 to -12; (b) statutes relating to the release of private information by state agencies, *W. Va. Code* §§ 5A-8-21, -22; and (c) a statute relating to the inadvertent release of electronic PII, *W. Va. Code* § 46A-2A-101 *et seq.* I understand my obligations under these policies and laws and agree to abide by those policies and laws to the best of my abilities.
  
9. I understand that compliance with these Privacy Policies and other applicable laws, rules, regulations, and procedures is a condition of my employment and that my failure to do so may subject me to disciplinary action up to and including dismissal.
  
10. I understand that if I have any questions about obtaining, using, or disclosing PII, PHI, or otherwise confidential information, it is my responsibility to seek clarification by contacting my immediate supervisor and/or the Department of Transportation Privacy Officer, whose name and contact number I may obtain from my supervisor.
  
11. I agree to notify my immediate supervisor and/or director immediately, as well as the WVDOT Privacy Officer, if I become aware of or suspect the accidental or intentional breach of privacy policies, regulations, rules, or laws.
  
12. I understand that even when I no longer have access to PII, PHI, or other confidential information, I am bound by this document and must continue to maintain the confidentiality of the information to which I previously had access.

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Employee's Printed Name

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Agency, Division/District

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Employee's Signature

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Date

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Organization Number

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Last Four Digits of Social Security Number